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Annual Report

— ON —

The Health, Sanitary Condition,

ETC., ETC., OF THE

COUNTY BOROUGH OF HASTINGS,

FOR THE YEAR

1913,

BY

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HASTINGS:

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COUNTY BOROUGH OF HASTINGS.

STATISTICAL SUMMARY FOR 1913.

Area in Acres (including 373 acres of foreshore)...	4,857
Population at Census, 1911	61,145
„ Middle of 1913, estimated	60,095
Density of Population per Acre	13·6
Number of Inhabited Houses, Census, 1911 ...	11,284
Birth-rate, average 1908-1912	15·9
„ in 1913... ..	14·5
Death-rate, average 1908-1912	13·4
„ in 1913	13·1
„ „ Corrected for age and sex ...	11·0
„ „ Zymotic (7 chief epidemic diseases)	0·43
„ Infantile, per 1,000 of Births—	
„ „ Average 1908-1912... ..	55
„ „ in 1913	83
Rainfall, average	29·07 inches
„ in 1913	30·65 inches
Bright Sunshine, average... ..	1,783 hours
„ „ in 1913	1,599 hours
Mean Temperature, average	49·8 degrees
„ „ in 1913	51·4 degrees

TO THE
MAYOR, ALDERMEN AND BURGESSES
OF THE
COUNTY BOROUGH OF HASTINGS.

GENTLEMEN,

I have the honour to submit to you my Annual Report on the Health and Sanitary Condition of this County Borough for the year 1913.

The Report has been prepared in accordance with the specified requirements of the Local Government Board, and contains many details which are well known to the Members of your Council and which have already appeared in my earlier reports, yet their repetition will not, I trust, deprive them of interest. In the present Report I have entered at some length into the Census returns for 1911, which were published during the past year and which reveal certain facts regarding the population of this County Borough in the matter of its distribution according to age and sex and of the occupations of the inhabitants, by which this is distinguished from other parts of the country and by which the vital statistics are materially affected. The peculiarities in the constitution of the population in Hastings as compared with other districts are so marked that they must be taken seriously into account when making comparison between this and most other places in the matter of statistics of births and deaths. In a population like that of Hastings, comprising a large and increasing proportion of elderly persons, neither a high birth-rate nor a very low death-rate is to be looked for. In the past year the birth-rate fell to 'only 14·5 per thousand of estimated population, which is a smaller figure than in any previous year, and amongst the lowest recorded last year in English Urban districts. The death-rate when corrected for age and sex was also a low one, being only 11·0 per thousand.

The zymotic death-rate was exceedingly low, only 0.43 per thousand ; while the rate of infantile mortality of 83 per thousand of births was again a satisfactory feature.

As regards Sanitary Administration, work under the Shops Act occupied a very considerable part of the Inspectors' time, and no very exact record of all their visits and interviews in connection with this subject is available. Also in the matter of Housing, as in that of Tuberculosis, much activity has been shown. In other respects the work of the Health Department was upon the usual lines.

In the substance of this Report and appended to it are various statistical Tables, some of which are required by the Local Government Board and the Home Office, and all of which will, I trust, be of interest to you.

I gratefully acknowledge the assistance and support received from the Members of your Council, and particularly from those who serve on the Public Health Committee, in carrying out the responsible duties which devolve upon myself and the staff in my Department.

I am, Gentlemen,

Yours faithfully,

A. SCARLYN WILSON, D.P.H.,

Medical Officer of Health.

Town Hall, Hastings.

1914.

PHYSICAL FEATURES AND GENERAL CHARACTER OF THE DISTRICT.

The County Borough of Hastings lies on the southern slope of a range of hills, the highest point of which attains an elevation of nearly 600 feet. The crest or ridge of this hilly range forms the northern boundary of the borough, and is distant from $1\frac{1}{4}$ to $2\frac{1}{2}$ miles from the shore, which is the southern boundary. Towards the east also are hills protecting the town on this quarter. Minor hills, with intervening valleys running mainly N. and S., intersect the area of the borough, which has an acreage of 4,857 acres.

The geological formation consists of sandstone, sand, and ferruginous clay. Chalk is not found in the neighbourhood.

THE CHIEF OCCUPATIONS OF THE INHABITANTS.

The district is largely residential. The letting of lodgings to visitors in search of health or pleasure forms the main industry of the place. There is no harbour; but at the east end of the Borough, which is the oldest part of the town, there is still a considerable fishing community. The industry has, however, of late years lost some of its former importance.

There are no large factories or works in the district or neighbourhood except those for the supply of electricity and gas, nor is there much demand for male labour outside the numerous shops and the building and such-like trades concerned with the ordinary upkeep of a residential town. There is in consequence, except at ages under 15 years, a vast preponderance of females in the population.

SOCIAL CONDITIONS OF THE DISTRICT.

POPULATION.

The full returns of the Census published during the past year contain details concerning the inhabitants of this County-Borough which are both interesting and instructive. I am, therefore, prefacing this Report by the insertion of some of the statistics which I have prepared in tabular form for your information.

The following Table shows the number of persons at quinquennial groups of ages in 10,000 persons at all ages, enumerated in Hastings in 1901 and 1911 and in England and Wales at Census 1911.

Ages	Hastings.		England and Wales.
	1901	1911	1911
Under 5	874	739	1069
5-10	898	797	1025
10-15	919	860	970
15-20	979	889	925
20-25	956	803	880
25-30	869	755	854
30-35	766	753	798
35-40	693	726	725
40-45	596	673	619
45-50	546	638	534
50-55	491	553	444
55-60	414	478	354
60-65	348	433	282
65-70	250	361	224
70-75	191	264	153
75-80	119	147	86
80-85	64	88	40
85 upwards	27	43	18
	<hr/> 10,000 <hr/>	<hr/> 10,000 <hr/>	<hr/> 10,000 <hr/>

The foregoing Table brings out very clearly not only the changes which the ten-year interval produced in this Borough as regards the age-distribution of the inhabitants, but also the peculiarities of the constitution of the population of Hastings contrasted with that of the country at large.

It will be noticed that in the first half of the three score and ten years which have been allotted as the span of man's life, the population of Hastings at each and every quinquennial age-period was, in proportion, below that of England and Wales, the deficiency in the first five years of life amounting to about 30 per cent., but that at every such age period above 35 years there was a progressively increasing excess, which finally gave to Hastings, at ages of 85 years and upwards, an advantage over the rest of the country of 140 per cent.

Indeed, in point of longevity of its inhabitants, Hastings appears to stand almost first amongst the large towns of England; and the prospect of prolongation of life to its extreme limits seems to be more favourable here than in other parts of the country.

Compared with the other County-Boroughs, viz., Brighton and Eastbourne, in the Administrative County of East Sussex, Hastings stands in this respect easily first, as is shown in the subjoined Table.

Number of persons per 100,000 of population at quinquennial age-periods above 65 years in each of the County Boroughs of East Sussex at the Census of 1911.

Age.		Brighton.	Eastbourne.	Hastings.
65—70 years	...	2798	2385	3608
70—75	„ ...	2049	1732	2636
75—80	„ ...	1192	946	1470
80—85	„ ...	612	493	876
85—90	„ ...	242	188	335
90—95	„ ...	47	51	80
95—100	„ ...	9	9	15
100 and upwards...		Nil.	Nil.	3

Thus, of the total population of Brighton less than 7 per cent. had attained the age of 65, less than 6 per cent. in Eastbourne and more than 9 per cent. in Hastings; while at each and every age-period the proportion of persons living above 65 years of age was far higher in Hastings than in either of the other County Boroughs.

It is also interesting to record that there were 3 centenarians living in the County of East Sussex at the date of the 1911 Census, of whom two resided in Hastings and one in the neighbouring district of Rye (Rural).

Comparing the population of Hastings as it was in 1901 with that of 1911, it will be seen that in the matter of age-distribution its constitution had very materially changed during the decade. At the later Census the proportion of persons per 10,000 living at each quinquennial

period below 35 years of age was lower than it had been in 1901; and at each such period above 35 years of age the proportion had greatly increased. Hence the average age of the inhabitants was much higher; the young were fewer, those of advanced age much more numerous.

I have gone into these figures at some length, because they have a direct and very important bearing on the vital and mortal statistics of the District, especially important to bear in mind when contrasting local records with those of other parts of the kingdom, and for this reason, viz., because the tendency to death is not the same at all periods of life. It is high in infancy; but, the first 3 or 4 years being safely passed, the hold on life becomes more and more secure for about ten years, after which the rate of mortality progressively rises and becomes, as old age is reached, excessively high.

In order to compare fairly the death-rate of the town with that of another, these differences in the constitution of the population of each must be taken into consideration, and a factor for correction, based on the age and sex distribution of the population, be determined. In the case of most urban districts, owing to the tendency of young adults to gather in our great industrial centres, this factor exceeds unity; but this is not the case in Hastings, where the factor for correction based on the 1901 Census was 0.9625, and in 1911 had decreased to 0.8409, that of the whole country (England and Wales) being taken for a standard as equal to 1.

That is to say, that to make a fair comparison of the death-rate of Hastings with that of England and Wales, the recorded death-rate of Hastings must first be multiplied by 0.8409, the product being the "Corrected" death-rate (or "standardized" death-rate).

Similarly, in comparing the death-rate of Hastings in (for example) the years 1901 and 1911, the recorded death-rate in 1901 should be multiplied by 0.9625, that in 1911 by 0.8409.

Sex-distribution of the population at each quinquennial age-period as recorded at the Census of 1911 in Hastings.

Age-period. Years		Males.	Females.	Excess of Females.
Under 5	...	2226	2291	65
5—10	...	2396	2472	76
10—15	...	2540	2716	176
15—20	...	2245	3211	966
20—25	...	1804	3107	1303
25—30	...	1750	2863	1113
30—35	...	1816	2790	974
35—40	...	1703	2734	1031
40—45	...	1611	2498	887
45—50	...	1476	2425	949
50—55	...	1327	2050	723
55—60	...	1096	1826	730
60—65	...	996	1649	653
65—70	...	857	1349	492
70—75	...	596	1016	420
75—80	...	295	614	319
80—85	...	176	359	183
85—90	...	55	150	95
90—95	...	14	35	21
95—100	...	2	7	5
100 upwards	...	—	2	2
Total		24981	36164	11183

CONDITION AS TO MARRIAGE.

Another factor influencing the vital statistics of a district is to be found in the condition as to marriage of that portion of the population which has reached a marriageable age. Amongst the County Boroughs of England and Wales the following show the highest proportion of unmarried and the lowest proportion of married females over 20 years of age.

Highest proportion of unmarried females per 1,000 living aged 20 years and upwards.

1.	Bournemouth	...	...	486
2.	Eastbourne	...	...	469
3.	Southport	...	...	448
4.	Hastings	...	...	443
5.	Bath	...	...	443
6.	Oxford	...	...	406
7.	Brighton	...	...	368

Lowest proportion of married females per 1,000 living aged 20 years and upwards.

1.	Bournemouth	...	...	394
2.	Bath	...	...	413
3.	Eastbourne	...	...	419
4.	Hastings	...	...	421
5.	Southport	...	...	423
6.	Oxford	...	...	473
7.	Brighton	...	...	491

As might well be supposed the conditions noted in the foregoing Tables are not conducive to a high birth-rate in the districts mentioned ; and as a matter of fact reference to the most recent Report of the Registrar General, viz., that for the last quarter of 1913, reveals that in the towns tabulated above the birth-rate of the first five fell below 15 per 1,000 of population in each case.

OCCUPATIONS OF THE INHABITANTS.

Among the 24,981 males in the population, as the Census returns show, 4,622 were under 10 years of age, and of the remaining 20,359, 4,641 were without specified occupation. Of these, 1,185 were retired civilians, 469 were living on private means, the remainder (including scholars and students) numbering 2,987.

Of males following some occupation, 457 belonged to the learned professions, 205 were teachers, 364 were grouped under the heading of Art, Music and the Drama.

In domestic service or laundries, 698 males were engaged, 806 in commerce, 2,112 in conveyance of persons, goods, or messages, 768 in agriculture, 326 in fishing, 1,962 in building or works of construction, 657 in tailoring, millinery, etc., 1,781 in trades connected with food, bakers, butchers, milkmen, grocers, etc., 647 in hotels, restaurants, boarding and lodging houses; 595 were general labourers and 231 hawkers, etc.

Among the 36,164 females in the population, 4,763 were under 10 years of age, and of the remaining, 31,401, 19,292 were without specified occupation. Of these, 331 were retired, 3,260 were living on private means, the remainder (including scholars and students) numbering 15,701.

Of females engaged in some occupation, 503 were nursing, 510 teaching, 6,275 in domestic service or laundries, 1,373 in dressmaking or millinery, etc., and 1,102 in hotels, lodging houses, etc.

SANITARY CIRCUMSTANCES OF THE DISTRICT.

WATER SUPPLY.

The Corporation is responsible for the supply of water to the District, and deep wells have been sunk both within the area of the Borough and at various points in the surrounding country. The water is derived from the Ashdown Sands, is of excellent quality, and of only a moderate hardness. It is occasionally discoloured by a rusty deposit of iron, which, though objectionable in appearance, is harmless and subsides on standing and exposure to the air. Much of it is removed by sand-filtration, the forms of filter in use being the open sand filter and also the Candy pressure filter. The interrupted and broken nature of the geological strata in this part of the country renders it impossible to draw from any single point a very copious supply of water, and considerable expense has been incurred in sinking wells and in driving headings, with the necessary multiplication of pumping stations and machinery.

From the various sources of supply, the water is pumped to reservoirs situated on the higher levels, whence it flows by gravitation to the different areas of distribution. In the lower parts of the town the supply is constant, but intermits at the more elevated localities, and water-cisterns are every where in use for domestic purposes.

Very few houses in the Borough now have other than the public supply, though, in the outskirts of the town a few private wells are still in use.

SEWERAGE AND HOUSE-DRAINAGE.

The water-carriage system is universal in the District ; the condition of the town, as regards house-drainage, is good, and the number of houses where the drainage is not modern and of recent construction very small.

The district is also well-sewered, almost everywhere on the combined system ; but in a few small areas, some attempt is made to keep rain-water from entering the sewage-system. Except in one locality at the West-end of the Borough, where the gradient is insufficient for the sewage to flow naturally and the Shone system of pumping has been instituted, the sewage flows by gravity to the long intercepting sewers laid along the front of the town, whence, passing Eastward and Westward, it reaches extensive underground collecting tanks situated at either end of the town and is discharged into the sea. The hour of its discharge is so timed that the tidal current rapidly carries it in a direction away from the town.

Although, as has been already stated, the District in general is well sewered, there still remain along the Northern boundary of the Borough, and in one or two other small isolated areas, where the conditions are purely rural, a few localities which have not yet been linked up with the main sewerage system, and where the cesspool method of sewage disposal is still to be found in operation. This method is not suitable for this neighbourhood, in view of the character of the soil and of the geological formation and it is very desirable that the sewerage system be extended, and that cesspools be abolished as has already been done over parts of

the area which was added to the Borough in 1897. The locality which at present most urgently calls for such treatment is situated on the elevated land known as the Ridge, which forms the town's Northern Boundary. Along this Ridge are scattered houses and groups of cottages draining into cesspools, and the whole method of disposal of the sewage is unsatisfactory. To connect this district up with the general sewerage system of the Borough would necessitate the laying of a considerable length of sewer. But if the course of the small stream which flows through the St. Helen's Park district be followed, the fall would be a natural one. Such a sewer would provide an efficient means for carrying off the sewage from most of the existing houses in this locality, which are now connected with cesspools, and would encourage the development of the building land in this beautiful portion of the Borough.

CLOSET ACCOMMODATION.

The forms of closet in use are the valve-closet, found chiefly in private houses of the better class, and the flush-rimmed wash-down closet. Proper means of flushing are insisted on, and hand-flushing has almost disappeared.

There are no waste water-closets, all flushing being done with fresh water.

SCAVENGING.

The cleansing of the roads and of the paved esplanade extending along the sea-front of the town is performed by a large staff of men in the Borough Surveyor's Department, by whom it is efficiently carried out.

The decrease in the amount of horse-traffic and the improved surface of the roads, the principal of which are now covered with impervious material (hard-wood blocks or some form of tar-spray treatment) have greatly simplified the task of road-scamenging. The streets are swept daily and watered frequently, while the road-gullies are kept well-flushed and clean.

House-refuse is collected weekly, but in some instances more frequently, and from the principal hotels and boarding-houses daily. The Hospitals are visited daily for the removal of soiled dressings which are burnt at the Destructor.

The greater portion of the refuse thus collected is disposed of at the Destructor at the east end of the town. A small amount collected at Hollington is carted out of the Borough to a brick-yard, and from other outlying parts a certain proportion is tipped in more or less isolated spots. It is, however, desirable that all such refuse should be burned in the Destructor, the other methods of disposal being objectionable in an urban district.

The form of ashbin commonly in use is the moveable bin of galvanized iron, of which 133 were newly provided during the year.

HOUSING ACCOMMODATION.

There is in almost all parts of the town a considerable amount of empty property, much of which is altogether suitable for the housing of the working-classes. Owing to scarcity of employment, there has been in recent years a continuous exodus of working-men, with or without their families, to other districts or countries which offer brighter prospects of employment. And the chief obstacle to the satisfactory solution of the housing problem in this district is the poverty which oppresses many of those who have been left behind. Their poverty, in turn, reacts on the owners of small property, many of whom are themselves in straitened circumstances, with the result that needed repairs are postponed or neglected, and the cottages fall into a dilapidated or unhealthy condition. This is especially likely to be the case where a good deal of the property is ancient, as in the Old Town of Hastings.

Poverty also leads to the sub-letting of tenements and to overcrowding, of which 23 cases were dealt with during the past year. Legal proceedings were not needed to secure the abatement of the nuisance, except in one instance, where a heavy penalty was imposed on a tenant. The number of new houses erected in the district for the working

classes has for some years been quite insignificant. Careful supervision over new buildings is exercised by the Borough Surveyor..

HOUSING AND TOWN PLANNING ACT.

Inspections were made of a number of houses in the poorest localities for the detection of any which were unfit for habitation. Amongst 244 examined, 11 were considered to be so damp, ill-ventilated or generally dilapidated as to be uninhabitable. Seven were closed on formal orders made by the Council and four were closed informally.

Of five houses in the Old Town of Hastings, in respect of which formal closing orders had been previously made, two were demolished during the year, and demolition orders have been issued in the case of the three others.

Of the dwellings inspected during the year, the condition of which did not seem to warrant application of the powers of closure, 127 were more or less in need of repair or improvement, and in these the defects were remedied without closing orders either formal or informal.

The following Table shows briefly the results of inspections made under the Act :—

Houses Inspected.	Houses considered unfit for Habitation.	Representations made by Medical Officer of Health.	Closing Orders made (informal).	Dwellings in which defects were remedied without Closing Order.	Dwellings repaired, etc., after Closing Order (informal).	Dwellings closed (formal).
244	11	7	4	127		7

There is, in my opinion, need for the adoption of regulations in respect of underground sleeping rooms under Section 17 (7) of the Housing, Town Planning, etc., Act; without such it is in some cases difficult to deal with basements, the construction or condition of which renders their use for sleeping purposes undesirable, but which are now being occupied in that way.

PUBLIC ELEMENTARY SCHOOLS.

The general sanitary condition of the Public Elementary Schools as regards their drainage and water-supply is quite satisfactory.

The drainage of all is connected with the sewerage system of the Borough, and their water-supply is drawn from the public mains. The lighting and ventilation of several of the Schools was improved during the year, and in one or two the lavatory accommodation was increased.

One of the Non-provided Boys' Schools was closed, and in its place a new Mixed (Senior) School was erected in a more open site, so that the total number of Schools remains as before, namely, 22, of which 10 are Provided and 12 are Non-Provided. In the 53 Departments of these Schools, the

Accommodation is ...	...	...	...	10,364
Average Number on Register	...	...	...	7,932
Average Attendance	...	...	...	7,145
Percentage of Attendance	...	...	...	90

In 1911, the average number of scholars on the books was 8,447, in 1912 it was 8,356.

The medical inspection of School children is carried out by Mr. Polhill Turner, the School Medical Officer, who devotes the whole of his time to the work of inspection of the children and to their treatment at two School Clinics, which have been opened in the Borough. He has the assistance of two School Nurses.

He is independent of, but in close touch with, the Medical Officer of Health, their relations being of a cordial nature, and the two Departments are mutually helpful especially in the matter of the control of infectious sickness.

On receipt of a notification certificate, notice is immediately sent from the Health Department to the Education Authority, requiring the exclusion from School during the period stated therein, of any children residing in the infected house who may be attending School.

Contacts are examined either by the School Medical Officer or by the Medical Officer of Health.

For the treatment of verminous children, the Education Committee has no facilities for bathing or cleansing of clothing, which are much needed. Application has been made by the Corporation for a loan to provide a cleansing station for its employés at the Rock-a-Nore Disinfecting Station, and should this work be carried out, the accommodation there afforded would, no doubt, be available for children also.

VITAL STATISTICS.

BIRTHS AND BIRTH-RATE.

The number of births registered in 1913 was considerably less than in 1912 and earlier years, being only 865 compared with 911 in 1912, 955 in 1911, and 925 in 1910.

Births of males were 442, of females 423. Of these births, one (illegitimate) was stated to belong to another District, but six others (5 illegitimate) which occurred outside the Borough, were assigned by the Registrar-General to Hastings. The nett births were thus 870 in number, viz., 445 of males and 425 of females, and the birth-rate was only 14·5 per thousand of estimated population. This was the lowest hitherto recorded, being 0·5 below the previous record set up in 1910, and 0·6 below that of 1912.

As I have already pointed out elsewhere in this Report, the peculiar character of the inhabitants in respect to age, sex, and the marriage state, is such as to be unfavourable to the creation of a high rate of births. These characteristics, which are in great measure the result of continuous emigration from the District of young adults, become more and more pronounced every year, and in the local population the proportion borne by the young to the total number of inhabitants steadily declines, while that of the old increases.

Again, an equality in the numbers of the two sexes in adult life would naturally be the condition most conducive to a high rate of marriages and births, whereas, in Hastings,

as I have already pointed out, there is, in the adult population, an enormous preponderance of females, of whom 58 per cent., according to the Census return, are either widowed or unmarried. This numerical excess of women is found in many watering-places, in some of which (and these not the least in prosperity) the birth-rate is lower than our own.

As compared with the preceding year, there was a decline in the number of births in each Registration Sub-District, viz., in St. Mary Magdalen a decline from 302 to 299; in All Saints', from 425 to 393; in Ore, from 148 to 138; and in Hollington St. John, from 36 to 35.

In England and Wales, the birth-rate has decreased from 26.8 in 1908, to 23.9 in 1913. In 1912 it was 23.8, the lowest ever recorded.

ILLEGITIMATE BIRTHS.

Of all brths recorded as belonging to the Borough 59 were illegitimate compared with 60 in 1912 and 61 in 1911; the illegitimate birth-rate per 1,000 of population thus shows a very slight tendency to decline, but the percentage of illegitimate amongst total births has rather increased, being 6.8 in 1913, against 6.5 in 1912, and 6.3 in 1911.

NATURAL INCREASE OF THE POPULATION.

The natural increase of the population, that is, the numbers by which the nett births exceeded the nett deaths in 1913 was 81, compared with 104 in 1912, 96 in 1911, and 77 in 1910. Nevertheless, in spite of this addition to the population by excess of births, the population is estimated to have decreased by 470 in the year 1912-1913. This loss to the number of inhabitants is to be attributed to excess of emigration over immigration.

DEATHS AND DEATH-RATE.

There were registered during the year 1913 in the Borough of Hastings 826 deaths, of which 388 were deaths of males and 438 deaths of females. Among these are included a number of deaths of persons not belonging to

the District, which, for the purposes of this Report, are in accordance with the Regulations of the Registrar-General to be deducted, and have been, through him, transferred to other places. These outward transfers were 74 in number, of which 52 were deaths of non-residents which occurred in the Public Institutions of the Borough, viz., 29 in the East Sussex Hospital, which serves as the General Hospital for this part of the County of Sussex, and also for part of the County of Kent; 5 in the Eversfield Hospital for Consumption; 4 in the Fairlight Sanatorium for Consumptives; 3 in the Buchanan Hospital; 2 each in the All Saints' Convalescent Home for Women, Tilbury House Convalescent Home, Borough Sanatorium, Southern Sanatorium for Consumptives, and Bushby Convalescent Home; and 1 in the Workhouse Infirmary.

There were, however, 37 inward transfers, *i.e.* 37 persons whose homes were in Hastings died outside the District, and their deaths are to be included in the number on which the local death-rate is estimated. Subject to these corrections the nett deaths numbered 789, and the crude death-rate for the year was 13·1 per thousand of estimated population. For comparison with the records of recent years Table I. of the Local Government Board at the end of this Report should be referred to.

Owing to the peculiar constitution of the population of Hastings in the matter of its age-and-sex distribution, the crude death-rate requires further correction before comparison is made with other parts of the country, as below :—

DEATH-RATE IN 1913.

Standardized Death-Rate.

England and Wales	...	...	13·4
96 Great Towns	...	...	14·7
145 Smaller Towns	...	...	13·0
Hastings	...	...	11·0

As I have previously explained, when discussing the local Census Returns earlier in this Report, this correction has to be made because persons of advanced years form

an exceptionally large proportion of the total population in Hastings as compared with most other towns.

It will be seen on referring to Table III. appended to this Report that almost half of the deaths were of persons aged 65 years and upwards.

INFANTILE MORTALITY.

The rate of infantile mortality in Hastings is usually a comparatively low one, and in 1913 was 83 per thousand of births against 109 in England and Wales; 116 in 96 great towns (of which Hastings is one); and 112 in 145 smaller towns. This fact in some measure compensates for the low birth-rate, which is one of the features characteristic of this as of other residential towns and watering-places.

Table IV. of the Local Government Board, which will be found at the end of this Report, sets out in tabular form the cause of death of all infants dying in Hastings under one year of age in the past year. From this statement it will be seen that such deaths were 72 in number, of which 27 occurred during the first four weeks of life, and were attributed chiefly to causes congenital or ante-natal, such as premature birth; and that infantile deaths befalling subsequent to the first month of life resulted in highest proportion from acute pulmonary and diarrhoeal diseases. The climatic conditions of 1913 were less favourable to young children than those of the preceding year, especially as regards intestinal toxæmias, yet the death-rate from such causes as compared with most Urban Districts was a very low one. Not many years ago, a rate of infantile mortality of 100 per thousand of births was regarded as an almost unattainable and irreducible minimum. Even in this district, prior to the year 1907 it had fallen only twice below that figure, viz., in 1881, when it was 97, and in 1885, when it was 99. But since 1907 it has always been less than 90, except in the year 1911, when the prolonged and unprecedentedly hot summer occasioned a considerable prevalence of diarrhoea in young infants all through the country, and the rate of infantile mortality rose to 109 per thousand of birth.

In the 9 years 1898-1906 this rate in Hastings averaged 120, but in the 7 years 1907-1913 only 84. This remarkable decline has, no doubt, been due largely to the steady improvement which has taken place in the general sanitary condition of the poorer quarters of the town, aided by the special efforts put forth by various charitable agencies to instil into the minds of poor mothers a better knowledge of what is required in the feeding and management of their infants. This knowledge has been imparted in many instances by the trained Nurses and Midwives of the District Nursing Association who exercise for a time, where necessary, a friendly supervision over the babies at whose birth they have been in attendance. If similar kindly offices were to be extended to other poor mothers also, such visitation would, I am convinced, be gladly welcomed by the parents, and would be of great advantage to the children. The adoption of the Notification of Births Act, 1907, would make possible the attainment of this object, and would tend to the further reduction of the rate of Infantile Mortality.

This Act is devised to provide a speedy means whereby information of the birth of a child may be given to the Medical Officer of Health so that, if necessary, advice may be given to the mother in regard to the rearing and nurture of the child. It can be adopted only with the consent of the Local Government Board, and this consent will not be granted unless arrangements have been, or are to be, made for carrying out this, the ultimate object of the measure

That the giving of instruction to those who have charge of infants is needed, is thoroughly well known to those who have visited much amongst the poor, many of whom have the most extraordinary notions as to infant-feeding. I have myself known a child of 6 months to be thrown into violent convulsions as the result of a meal of fried fish, given with the best intentions by the mother, who was under the impression that for a healthy baby of that age a milk diet was quite inadequate; and there is no doubt that much suffering and illness are caused in young children through simple ignorance on the part of those responsible for their up-bringing.

I trust, therefore, that this Act may soon be in force in this Borough, as it already is in most large Urban Districts, both in health-resorts and in great industrial centres. Its adoption will have to be accompanied by the appointment of a female health-visitor, whose duty it will be to visit, where necessary, those houses in which births have been reported, and to give such advice as appears to be requisite. Her visiting should commence after the lapse of about ten days following the birth, by which time, in most cases, the Nurse will have ceased her attendance, and the mother will be left to her own resources. Her supervision should continue as long as it seems to be required, and is particularly needful at the period of weaning. Her visits will be few or many, according to the peculiar circumstances of each case.

In this connection I must not omit mention of other agencies at work here by which assistance is afforded to necessitous mothers of young children. In two poor localities, "Schools for Mothers" have been established by voluntary effort, where nursing and prospective mothers can obtain help and advice in the management of their children, and where nourishing dinners are provided at a nominal price to deserving cases. These institutions have proved most valuable and are highly appreciated, but they can deal with only a small fraction of the population.

INQUESTS.

Inquests were held on the bodies of 41 persons, compared with 60 in 1912, 50 in 1911, 60 in 1910 and 48 in 1909.

Death was attributed in 17 cases to Natural Causes, in 14 to accident or Misadventure, in 6 to Suicide. In the remaining 4 cases the verdict returned was of Found Drowned.

UNCERTIFIED DEATHS.

While in 1912 all deaths were duly certified, either by Medical Attendant or by Coroner after Inquest, there were in 1913 4 deaths in which the cause of death was not thus legally established. These deaths were believed to result from prematurity, broncho-pneumonia, cancer and apoplexy, and they formed 0.46 per cent. of all deaths registered during the year

DEATHS FROM CERTAIN CLASSES OF DISEASE.

Amongst developmental diseases, premature birth, congenital malformation and atrophy were together responsible for 35 deaths of infants under 1 year, compared with 29 from these causes in 1912.

Senile decay was the chief factor in the causation of many deaths amongst elderly persons. In Table III., appended to this Report, deaths from old age are tabulated amongst those due to ill-defined causes.

There were 119 deaths from diseases of the Respiratory Organs, and the death-rate from such causes was 1.97 per thousand of population against 2.01 in 1912.

Of the deaths from pneumonia, 51 per cent. were amongst persons aged 65 years and upwards, as were 70 per cent. of the deaths from bronchitis.

Deaths from cancer or malignant disease were two less than in 1912, being 118 compared with 120 in the earlier year: and the cancer death-rate was 1.96, against 1.98 in 1912. The death-rate from cancer in Hastings has decidedly increased in recent years, owing in great part to the larger proportion of elderly persons in the total population.

Sixty-two, or more than half of these deaths, were of persons above 65 years of age.

ALCOHOLISM AND CIRRHOSIS OF THE LIVER

From cirrhosis of the liver 7 deaths were registered against 11 in the preceding year; those from alcoholism remaining at the same number, namely, 6.

DISEASES OF THE ORGANS OF CIRCULATION.

Organic heart disease caused 109 deaths 78 of these being of persons aged 65 years and upwards.

APPENDICITIS AND TYPHLITIS.

Appendicitis and typhlitis caused 9 deaths in 1913 compared with 5 in 1912 and 9 in 1911. Six of these deaths occurred in Hospitals. The disease is certainly more common now than it was formerly, but no satisfactory explanation of this fact is forthcoming.

DEATHS BY VIOLENCE.

Violent deaths, including 5 cases of suicide, numbered 19, against 20 with 7 suicides in 1912.

INFECTIOUS DISEASES.

SCARLET FEVER.

Although somewhat prevalent in the other large Urban Districts of East Sussex, there was not much scarlet fever in Hastings, where 76 cases were notified, compared with 70 in 1912, 77 in 1911, 99 in 1910 and 142 in 1909. It is thus apparent that in recent years there has been but little prevalence of scarlet fever in this District. From the Returns published by the Local Government Board relating to the year 1913, it appears that the attack-rate per thousand of population was only 1·24 compared with 4·11 in Eastbourne and 5·30 in Brighton and with 2·60 in the Administrative County of East Sussex. In the preceding year the figures were for Hastings, 1·14; for Eastbourne, 8·55; for Brighton, 4·75; and for the County, 1·89. Thus, the attack-rate in this Borough has been for some time past highly satisfactory. There was again, as in 1912, no fatality from this disease in 1913 amongst persons belonging to this District, the only death being that of a visitor, who brought the infection with him. A child suffering from some sequelæ of Scarlatina was admitted to the East Sussex Hospital and died there. He belonged to Bexhill. There were several other imported cases. In no instance did infection appear to be derived from the milk-supply or from a laundry. Several times multiple cases occurred in individual households; in one house 6 cases followed one another within the space of a few days, the original case not having been recognised at the first. The mild unsuspected case and the carrier were as usual the commonest sources of infection, and the latter is especially difficult to trace. Indeed, in the case of scarlet fever the

danger arising from the carrier is not yet appreciated as it ought to be, or as it is in enteric fever and diphtheria. Yet, from my own experience, I am convinced that the carrier plays an important role in the dissemination of scarlet fever, and is, perhaps, the unsuspected cause of many a sporadic outbreak of the disease. By a carrier is meant one who after recovery from an attack, or after exposure to the infection of a zymotic disease, carries about within him for an indefinite period, the germs of the disease. Such germs may remain for a time quiescent and harmless, but are capable under certain favouring circumstances of becoming once more virulent and infective. Such a sequence of events probably occurred in the following instance which came under my notice during the past year; and the case is, I think, worth recording.

In the month of June two pupils in a private School had scarlet fever. The disease ran a normal and uneventful course, and the patients, who had been treated at the isolation cottage in the School grounds, went to their several homes at the end of July in apparently good health. All went well during the holidays, at the conclusion of which, in September, they returned to School. On October 27th, a pupil sleeping in the same dormitory as A (one of those who had had scarlet fever in June) developed a rash and was notified to be suffering from scarlet fever. The patient was at once isolated in the Cottage, and A was, for that night, transferred to another dormitory while disinfection was being carried out by the Sanitary Authority. On the following day, October 28th, I visited the School to investigate the origin of the outbreak, the District being very free from the disease at the time. I enquired whether those pupils who had had scarlet fever the previous term had developed lately any nasal catarrh or aural discharge, and was at once informed that they both, as well as one or two others, had "colds in the head," that of A dating back about 5 days. I sent for the two, and finding that this was the case, advised their immediate segregation from the rest of the School. On October 29th, the servant who made A's bed and a day-pupil in A's class, both sickened with scarlet fever; and on November 3rd, a pupil, sleeping in the dormitory to which A had been moved on the night of October 27th, and where A had occupied the adjoining bed,

also fell ill with the disease. So far as the School was concerned, this was the end of the outbreak. The parents of A, who were, I believe, somewhat sceptical as to the connection of A with the occurrence of the fever, then took the child home, and five days later, the maid at their house, who took charge of A, developed scarlet fever. It is difficult to escape from the conviction that A was the cause of the second outbreak, and that germs, retaining their vitality in A's throat or nose, from the end of July to the end of October, had, under the influence of a common catarrh, developed or renewed their infective power after that lapse of time.

Of the scarlet fever cases notified during the year, 88 per cent. were removed to the Isolation Hospital.

DIPHTHERIA.

Of diphtheria, including membranous croup, 74 notifications were received in 1913. Amongst these were a number of certificates relating to persons who had been in contact with the disease, and in whose throats the germ was found to be present, although they themselves were so mildly affected as to make it doubtful whether they ought to be considered as suffering from the disease or not. In any case, their separation from other members of their households appeared to be a wise proceeding, and they were, accordingly, isolated. Other certificates related to persons who appeared clinically to be suffering from diphtheria, but whose throat swabbings did not reveal the presence of the specific germ. Thus the number of notifications probably overstates the prevalence of the disease in the town during the year. Two deaths of persons belonging to the Borough were registered within the limits of the year; but a third death actually occurred, being that of a young child who was hastily removed to the Sanatorium in a moribund condition on the last day of the year, and who died there an hour after admission. This death will, therefore, appear in the returns of the current year.

The case-mortality was only 2·7 per cent., and the death-rate per 1,000 of population was only 0·03. Antitoxin is the routine treatment. Hospital treatment at the Borough Sanatorium was afforded to 96 per cent. of cases.

The control of diphtheria is rendered difficult by its occurrence in many instances in a form so mild that it fails to arouse suspicion, and the patient receives no medical attention, but mixes freely with others, amongst whom the disease may show itself in virulent form. Another important source of danger is the "carrier," to whom reference is also made under the heading of scarlet fever. There was no general prevalence of diphtheria, but groups of cases occurred in one or two localities. A few cases were brought to light at out-patient departments and at the School Clinic.

Every facility has been afforded by the Council for the early diagnosis of diphtheria at the pathological laboratory at the Sanatorium, where gratuitous examination of swabbings from the throat is provided.

In order that there may be no delay in the administration of antitoxin, a supply is available at the Police Stations, where it may be obtained by Medical Practitioners for use within the Borough at any hour of the day or night.

ENTERIC FEVER.

The number of cases of this disease notified during the year was, as usual, small. Including one case in which the diagnosis was doubtful, 5 certificates were received. One of these related to a man who entered the town already ill of the disease. Three of the patients were treated in the Borough Sanatorium, and there were no deaths among them.

SMALLPOX.

No case of smallpox occurred during the year in this District, but, as usual, there were several occasions when persons, who had been exposed to the risk of infection on board ships entering English ports, came, on landing, to Hastings, where observation was kept over them. Early in the year a fisherman belonging to Rye was landed on the beach at Hastings from a smack, he being at the time ill with smallpox, which he had contracted at Newhaven. The disease was still in an early stage, and was not declared until two or three days after he reached his home at Rye.

He was at once removed thence, in accordance with the agreement between your Council and the Rye Urban Sanitary Authority, to the Hospital at Brede belonging to your Corporation, and there I visited him the following day. He gave quite a clear account of his movements during the hour or two he spent in the Borough. He had associated with only three persons, all of whom he named and whom I was able to trace. One of these was the fisherman engaged to take the patient's place on the smack, and this man was vaccinated as soon as the boat reached Folkestone. The other two men had been recently re-vaccinated, as I learned to my relief on visiting them, and there was no spread of the infection.

The occurrence demonstrates once more the value of your Council's Hospital at Brede, which is ever in readiness to meet any such emergency in the Borough or neighbouring country.

MEASLES.

Measles was but little in evidence during the year and occasioned only four deaths, of which two were in the first and two in the second quarter of the year. In 1912, there had been no fatality from measles, but there had been extensive prevalence of the disease and heavy mortality therefrom in 1910-1911.

The disease is not notifiable, hence my information of its presence in the District is derived from personal observation, or from the weekly death-returns of the Registrar, or from Officials of the Education Committee.

The following departments of Public Elementary Schools were closed owing to outbreak of measles amongst the scholars :—

Departments.					Days closed.
Boys	...	...	...	...	7
Girls	...	...	...	...	13
Infants'	...	...	...	...	65

WHOOPING COUGH.

This, like measles, is a non-notifiable disease, and further resembles it inasmuch as it becomes epidemic in

most Urban Districts at intervals of 2 or 3 years, when it spreads amongst the child-population, chiefly through the association of the infective with the healthy during attendance at school. There were 7 deaths from whooping cough in 1913, or from 2 to 3 less than the average in recent years. The fatal cases were all amongst children, and occurred, 2 in the first quarter, 1 in the second, and 4 in the last quarter of the year.

School closure was resorted to in several instances.

Departments.		Days closed.	
Mixed	18
Infants'	76

Thus, on account of measles and whooping cough, 13 departments were closed for 179 days.

NOTIFICATION OF INFECTIOUS DISEASES.

The following Table shows the number of notifications of infectious diseases received during the four quarters of 1913, and the attack-rate per 1,000 of the population :—

Disease.	Notifications.					Attack-rate per 1,000 of population in 1913.
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Whole Year.	
Smallpox	—	—	—	—	—	Nil.
Scarlet Fever.....	8	15	31	22	76	1·26
Diphtheria	17	23	15	19	74	1·23
Erysipelas	8	9	6	7	30	0·50
Enteric Fever ...	—	1	3	1	5	0·08
Puerperal Fever	1	—	2	2	5	0·08
Total	34	48	57	51	190	3·16

DEATHS FROM THE PRINCIPAL EPIDEMIC DISEASES.

The following Table shows the number of deaths in the County Borough from each of the chief epidemic diseases in the past eight years :—

DISEASE.	1906	1907	1908	1909	1910	1911	1912	1913.
Smallpox	—	—	—	—	—	—	—	—
Scarlet Fever	6	3	3	3	1	3	—	—
Diphtheria	3	4	2	6	4	2	2	2
Enteric Fever	1	—	2	—	1	—	1	—
Measles	7	3	7	1	25	12	—	4
Whooping Cough	2	13	11	3	34	4	—	7
Diarrhœa & Enteritis under 2 years	26	6	6	9	3	39	3	12
Total	45	29	31	22	68	60	6	25
Zymotic Death-rate	0·71	0·46	0·49	0·36	1·11	0·98	0·09	0·43

TUBERCULOSIS.

A good deal is now being done for persons, both insured and uninsured, who are suffering from consumption of the lungs in this Borough, and the principal measures which have been and are being adopted, will be set out here in some detail.

Early in the past year a further step in the campaign against tuberculosis was taken in the issue of new Regulations under which all cases of tuberculosis, and not only, as heretofore, of pulmonary tuberculosis, are required to be notified to the Medical Officer of Health. These Regulations came into force on the 1st February, 1913, and relate to forms of the disease, many of which occur in childhood, and are considered to be frequently of bovine origin. In these forms the bones, glands and other organs become affected. Before the date mentioned, tuberculosis of the

lungs, usually derived from human sources through carelessness in coughing and spitting and the disposal of sputum, was the only form of the disease that was notifiable. Henceforth, the full extent to which the population is affected by all forms of tuberculosis should be known.

The total number of cases notified in the year was of pulmonary tuberculosis 135 (of males, 63; of females, 72), and of non-pulmonary tuberculosis 34 (of males, 11; of females, 23). These figures include notifications relating to visitors

Owing to its well-known favourable climatic conditions Hastings is one of the resorts in which persons suffering from or threatened with tuberculosis come to reside, buoyed up with the hope of cure, or, at the least, of prolonging life. Amongst these are included persons of every social position, and their presence renders it well-nigh impossible to estimate the true local prevalence of the disease, a fact which must be taken into account in considering both the number of notifications received and the deaths from tuberculosis recorded in the district. The rate of notification per thousand of population in England and Wales in 1913 for pulmonary tuberculosis was 2.64 compared with a rate in Hastings of 2.24. For other forms of tuberculosis the English rate was 1.14 against 0.56 in Hastings. The following Table shows the phthisis death-rate in this District in each year since 1906 :—

YEAR.	Phthisis Deaths.	Phthisis death-rate.
1906	80	1.26
1907	93	1.48
1908	80	1.28
1909	76	1.23
1910	63	1.02
1911	67	1.09
1912	65	1.07
1913	55	0.91

Owing to continued efforts to improve the housing conditions and general sanitation of the District, the prevalence of tuberculosis has for a number of years been steadily declining, although until quite recently no important measures directed specifically against the disease were being taken.

The recognition of the fact that tuberculosis is caused solely by the attack of a specific germ, and increasing knowledge of the environment in which the germ flourishes, and of the measures whereby the disease may be directly combatted, have paved the way for more effective action in its control than was formerly possible. Tuberculosis is largely a disease of ignorance, and education and treatment must combine to defeat it.

In this connection two very important steps were taken by your Council in the past year. The first of these was the establishment of a Tuberculosis Dispensary. It is true that this Institution came into operation only at the end of the period under review, but at last, after much delay, the work has actually begun. Sessions are held on two days in each week, and the Dispensary should prove a valuable aid in dealing with Tuberculosis as a centre of education and treatment, as well as of diagnosis. It is on early diagnosis that successful treatment chiefly depends, for in its incipient stages the disease in many cases is capable of cure, whereas if it be allowed to gain a firm hold this favourable outlook vanishes.

The cost of the Dispensary is shared between the County Borough of Hastings and the East Sussex County Council. The work is carried on in the Out-Patient Department of the East Sussex Hospital within this Borough and is in charge of Dr. Beeley, M.D., London, who devotes the whole of his time to Tuberculosis work at this and at other Dispensaries which have been opened in the Administrative County of East Sussex.

The second important step was the provision of beds for the Institutional treatment of consumptives at Sanatoria. To this end one of the Blocks at the Borough Isolation Hospital was fenced off from the other buildings, and,

after some minor alterations had been effected, was assigned to female patients, both insured and uninsured, who are suffering from pulmonary tuberculosis. Here 16 beds are available for the accommodation of patients in the early stages of the disease and of a few advanced cases. For the latter, beds in a special ward are set apart if required.

The nurses and domestic staff here employed are distinct from those engaged in the fever wards, and there is no risk whatever of cross-infection.

The accommodation available in this Block being much in excess of the needs of the Borough a number of patients receiving Sanatorium Benefit under the East Sussex Insurance Committee have been admitted, on terms, along with the Borough cases. The results of treatment have been exceedingly satisfactory, the condition of the patients in general has been markedly improved and every effort is made while they are under treatment to educate them in the mode of life they should follow and in the precautions they should take to prevent spread of infection when they return to their own homes. The Local Government Board have granted their approval of the arrangement until July 15th of the current year only, and have expressed the opinion that our accommodation for acute infectious diseases is now somewhat unduly curtailed. Fortunately, during the last year or two, fever cases have been few, and the beds at our disposal have been more than we have needed. It is, however, now incumbent upon your Council to make additional provision of beds for consumptives. On or near the present site, buildings might with advantage be erected for female "Sanatorium" (or early) cases and for "Hospital" (or advanced) cases in both sexes. The advantage of this scheme is that the Administrative buildings, laundry and other domestic offices already provided for the Isolation Hospital could be utilised for the Tuberculosis Blocks also; while the same Matron could supervise both Institutions. If another site be selected separate buildings and an entirely new and separate establishment, consisting of matron, nursing, kitchen and domestic staff, will be necessary, and the cost of administration will be duplicated.

If the arrangement now suggested be carried into effect, it is probable that a substantial contribution towards maintenance may be available from local and other Insurance Committees, and perhaps a considerable grant towards the cost of erection of new buildings may be made by the Exchequer should the proposals meet with the approval of the Local Government Board.

For male patients suffering from incipient phthisis accommodation may no doubt be secured, as at present, in existing Sanatoria in the vicinity. But it is not desirable in my opinion, to treat together early cases of consumption occurring in persons of both sexes in small Sanatoria especially where the available space is of very limited extent as must here be the case.

Apart from Dispensary and Institutional treatment other administrative measures are taken in dealing with consumptives.

Arrangements were made two years ago for the examination (gratuitous in the case of poor persons and of the insured) of sputum for the detection of the tubercle bacillus. This work is carried out at the Laboratory at the Borough Sanatorium, where, in 1913, 209 specimens of sputum were examined.

Persons reported to be suffering from pulmonary tuberculosis, and who are in poor circumstances, are visited and instructed both by leaflets and by personal advice as to the precautions which should be observed in dealing with their expectoration, and the Tuberculosis Visitor is enabled from private charitable sources to assist deserving patients with milk, coals, bedding, and other material comforts. Her visits are usually gratefully received, and are appreciated both by Doctor and patient.

Sputum flasks are supplied gratuitously to the needy, as are also bottles of disinfecting fluid, on application at the Health Department.

Rooms are disinfected when vacated by consumptives, as are also bedding and articles of clothing when required. No charge is made for such procedure.

Such supervision as is possible for the Inspectors to carry out is exercised over the milk and meat supply of the town, with a view to ascertaining whether any such be likely to convey infection to consumers. Of 16 samples of milk examined for tubercle bacillus during the year none yielded positive results. In the current year, further samples will be submitted to a more complete and thorough method of examination than can be carried out locally. The results of inspections of meat are to be found elsewhere in this Report.

Besides the Public Health Department of the Borough Council, there are various other agencies at work in dealing with the subjects of tuberculosis.

The Insurance Committee provides for Domiciliary and Dispensary treatment of insured persons and for ancillary treatment in the shape of allowances of milk, eggs, etc., where needed; also for treatment in Sanatoria during varying periods, as appears to be desirable, and as the rather scanty funds at the disposal of the Committee will permit.

Poor-Law patients receive very liberal treatment at the hands of the Guardians, whether as inmates of the special accommodation provided in the Infirmary, or in the form of out-relief on a generous scale.

At the General Hospitals of the Borough, tuberculous persons are admitted in emergencies or for surgical or other special treatment.

Exceedingly valuable is the assistance rendered by the Central Aid Council, with its groups of visitors and other voluntary and charitable workers, nor must the work of the Sanitary Aid Association and of various parochial and private enterprises, be overlooked.

To prevent overlapping and to further the cause which all these many agencies are endeavouring to forward, it would, I think, be advantageous to form a joint Tuberculosis Care Committee, whereby the various lines of action might be brought to a focus, and where the case of every needy sufferer from any form of tuberculosis, who desired help, could be considered and referred to such organization as can best afford the relief or assistance required.

SANITARY ADMINISTRATION.

For the purposes of Sanitary Administration, the Borough is divided into four Districts: Western, Central Eastern, and Northern, of which the last-named is formed by the extensive area added to the Borough in 1897 and is largely rural in character. The other three divisions are entirely urban. The several districts are believed to be fairly equal as regards their population.

A properly qualified and certificated Inspector is appointed for each of these districts, wherein he exercises the powers conferred on such an official under the provisions of the Public Health Acts, Housing, Factory, and Adulteration Acts; and, generally, performs the ordinary duties of an Inspector of Nuisances. His duties include also the work of inspection under the Shops Act.

In addition to their other diplomas, two of the Inspectors possess special certificates as qualified Inspectors of Meat.

For the visitation of tuberculous cases, a female part-time Health Visitor was appointed during the year 1912. She devotes the remainder of her time to visiting such cases of infectious disease as are brought to her notice, acting in great measure under the Medical Officer of Health, but receiving her salary in respect of these latter duties from a Charitable Organization—the Sanitary Aid Association.

For the clerical work of the Public Health Department a Senior and Junior Clerk are employed.

The following are the Adoptive Acts which were in force within the Borough in 1913:—

The Public Health Acts Amendment Act, 1890.
The Act in its entirety came into operation on 5th May, 1891.

The Infectious Disease Notification Act, 1889.
Came into operation on 7th July, 1891.

The Infectious Disease (Prevention) Act, 1890.
The whole Act came into operation on 10th July, 1894.

The Public Health Acts Amendment Act, 1907. Certain sections are in force under Orders made by the Home Secretary on 11th January, 1909, and the Local Government Board on 14th September, 1909.

The following Local Acts, containing valuable sanitary provisions, are also in force :—

The Hastings Improvement Act, 1885.

The Hastings Corporation Act, 1900.

The Hastings Corporation (Water and Finance) Act, 1911.

N.B.—The Notification of Births Act has been adopted, and will come into force during the current year.

THE BOROUGH SANATORIUM.

This institution, the Isolation Hospital, which was erected by the Borough Council in 1897, provides accommodation for 52 patients.

There are four separate blocks of buildings, of which three, affording 36 beds, are used for cases of scarlatina, diphtheria or enteric fever; the fourth block has been fenced off from the rest of the buildings, and in the past year has been allotted, with the sanction of the Local Government Board, to the use of female consumptives.

For acute fever cases, as mentioned above, the blocks are two pavilion-blocks, and a double isolation-block, wherein, during 1913, 86 cases of scarlet fever, 83 of diphtheria and 3 of enteric fever were under treatment.

Patients are admitted chiefly from the County Borough, but also, on specified terms and if accommodation be available, from Hastings Rural District and from Battle Urban and Rural Districts.

Owing to the paucity of fever cases in these areas, there has been at no time any pressure on the accommodation at our disposal.

Scarlatina.—Amongst the 70 patients admitted, one fatality only occurred, the patient being a person not belonging to the District.

The case mortality was, therefore, only 1.4 per cent. but, so far as this Borough was concerned, was nil, the death in question having been transferred to the locality where it properly belonged. The cases were generally mild in character, and serious complications few.

Diphtheria.—The number of patients admitted for diphtheria was 76, and there were 4 deaths amongst these, the case-mortality being 5.3 per cent.

Two of the deaths do not appear in the local death returns for the year 1913, one of these being registered in the current year and the other not belonging to the Borough.

Antitoxin is the routine treatment adopted, and when employed early, is efficacious in unmixed infection. In very few cases were there serious sequelæ of the attack. The duration of isolation varied greatly in different cases, the bacillus in one or two instances being finally banished only after removal of hypertrophied tonsils.

Patients are detained until two or three consecutive throat swabbings, and at least one nasal swabbing, yield negative results.

Enteric Fever.—Three cases of enteric fever, against four in the preceding year, were treated, and in each case with satisfactory result, the patients making good recoveries.

In no instance did cross-infection occur, and there were but few return cases.

The following Table shows briefly the results of the year's work in the fever wards at the Borough Sanatorium :

Disease.	Number in Hospital Jan. 1st, 1913.	Admitted during year.	Died.	Discharged	Remaining in Hospital, Dec. 31st, 1913.
Scarlatina ...	16	70	1	76	9
Diphtheria ...	7	76	4	66	13
Enteric Fever ..	—	3	—	2	1
TOTAL ...	23	149	5	144	23

TUBERCULOSIS.

Tuberculosis.—On February 19th, 1913, an isolation-block, which had been fenced off from the other buildings, and which had been altered in some particulars, so as to allow of freer ventilation, was opened for the reception of female consumptives. Sixteen beds were available for this purpose and were almost continuously occupied. After that the arrangements were in full working order. The accommodation being considerably in excess of our local requirements, a certain number of patients were received from the East Sussex County area. The latter were all insured persons.

During the year there were 29 admissions to the tuberculosis wards. Nine of these were of Hastings insured persons, 13 of East Sussex insured persons, and 7 (including one child and 2 girls under 16) of Borough uninsured persons,

The results of treatment were exceedingly satisfactory, and although it is too early yet to speak of cures, there were several patients who, on discharge, appeared to be well on the way to recovery. One patient died after a sudden hæmorrhage, and one young woman making no progress was advised to return to her home, where she eventually died. The remainder of the patients showed more or less improvement, especially as regards their general condition and nutrition.

The site is an excellent one for a Sanatorium for Consumptives, and, with the precautions adopted, there is not the slightest fear of any cross-infection occurring. There is a separate nursing and domestic staff, and no intercommunication with the patients in other Blocks. The washing of articles of clothing and bedding from the Tuberculosis Block is done on a special day apart from the rest of the laundry work of the Hospital. Not only are the feeding utensils, cups and spoons, etc., used in the Tuberculosis Block kept distinct from those in other wards, but each consumptive patient has her own special utensils, numbered and marked, reserved for her individual use. This is a partly educational measure designed to teach the importance of attention to such details when she shall have returned to her own home. The year's work at

the Institution was thoroughly satisfactory and reflects much credit on the Matron for her management of the nursing and domestic arrangements and for her careful supervision over the resident staff in the execution of their duties.

At the Sanatorium is the Pathological Laboratory, where a great deal of bacteriological and microscopic work is carried out by the Medical Attendant, Mr. Headley Huckle.

Work at the Pathological Laboratory includes the following examinations of specimens :—

Throat swabs for detection of diphtheria	...	901
Sputa for tuberculosis...	... ..	209
Widal tests for enteric fever...	... ..	11
Examinations for gonococcus	... ..	12
Fæces for occult blood	... ..	4
Milk for tubercle bacillus	... ..	16
Various other examinations for cancer, etc.		64

The figures include examinations of swabs, sputa, and blood samples obtained from patients in the Sanatorium.

BREDE HOSPITAL FOR SMALLPOX.

This Institution, belonging to the Hastings Corporation, is maintained at all times ready for immediate reception of any cases of smallpox which may occur in the County Borough, or in the neighbouring Districts, the Sanitary Authorities of which have entered into agreements with your Council for the treatment of patients.

One patient was admitted from Rye early in the year. The case was moderately severe, but ended in a satisfactory recovery ; and the man, vaccinated in infancy only, returned to his home in excellent health and condition. He was well nursed and looked after by the caretaker and his wife. During this patient's stay the Hospital was visited by a Medical Inspector of the Local Government Board.

The accommodation provided is considerable, and thirty patients could be isolated here without difficulty.

The Hospital is in a very secluded spot in a rural neighbourhood several miles away from the Borough.

DISINFECTION.

The Corporation possess two apparatus for the disinfection by steam of bedding and articles of clothing. One is installed at the Sanatorium and is used almost exclusively in connection with the work of that Institution.

The other and more important is at the Rock-a-Nore Disinfecting Station, where a Washington-Lyons apparatus is in use. The heat necessary for the operation is generated from the burning of house-refuse in the Destructor close by.

The work carried out by the Disinfecting Staff was as follows :—

Rooms fumigated and disinfected ...	...	428
Sets of bedding disinfected ...	...	708

Also a large quantity of clothing, carpets, curtains etc., removed from infected houses.

Seventeen Police cells were fumigated and mattresses and rugs therefrom were removed for cleansing and disinfection.

At the Hospitals, daily calls made for removal of soiled dressings to be burnt and for bedding and clothing to be disinfected if required. Wards fumigated when desired.

Three taxicabs, which had been used for conveyance of infectious patients were detained and disinfected.

A large quantity of bedding and clothing which had been used by tuberculous and other infected persons was removed and destroyed, being no longer needed or not fit for further use.

INSPECTION OF FOOD, ETC.

SLAUGHTER-HOUSES.

There is no public slaughter-house in the Borough, but, inclusive of one which is licensed only for the killing of horses

and of other animals not intended for human food, there are slaughter-houses to the number of 22 in private hands within the district.

In the Borough, as it existed before the extension, there are only 4 slaughter-houses, all of which are registered not licensed, no license being needed at the time when they first came into use, now many years ago. One of these, and most of the others, are in rural or semi-rural surroundings. The slaughter-houses are indeed so scattered, that proper supervision over them is impracticable. They are, however, kept in fair condition, and are visited by the Inspectors of the various Districts in which they are situated at frequent intervals, and at such hours as slaughtering is likely to be in progress.

The meat dealt with by the Inspectors as being unsound or diseased and unfit for food during the year, was as follows :—

The carcases of 3 cows...	...	...	(Tuberculous)
Two forequarters	...	...	(Tuberculous)
The carcase of an heifer	...	...	(Tuberculous)
„ „ a pig	...	...	(Tuberculous)
Part of the carcase of a calf	...	...	(Injured)
One pig's head	...	...	(Tuberculous)
Three legs of mutton.			
One box of tripe.			
Beef	...	...	114 lbs.
Beef Suet	...	...	107 lbs.
Ox Kidneys	...	...	31 lbs.
Beef	...	...	4 lbs. (Pleurisy)
„	...	...	20 lbs (Bruised)
„	...	...	12½ stones
(Bruised ; in this case the beast had been ill-treated by the drover. The R.S.P.C.A. took up the matter and the drover was convicted.)			
Ox-tongue	...	...	1 tin.
Four sheep's livers	...	...	(Parasitic)
One rabbit.			

A number of cases in which internal organs were found to be affected by parasitic disease, were dealt with by the Inspectors, but no exact record is available.

All the above-mentioned were seized or surrendered and destroyed.

In addition to these, the carcasses of three cows, dealt with under the Tuberculosis Order of 1913 issued under the Diseases of Animals Acts by the Board of Agriculture and Fisheries, and found unfit for food, were destroyed.

At the time when this Tuberculosis Order was under consideration, I expressed the opinion that the question was one affecting the Public Health, and that the Committee which should carry the Order into effect was the Public Health Committee rather than the Watch Committee; and I suggested that the Sanitary Inspectors, whose duties of inspection of dairies and cowsheds, brought them into frequent and close association with the dairy-farmers, and whose training required a fair knowledge of the diseases of cattle, were better fitted to carry out the Order than the Police Force. This view was endorsed both by the Public Health Committee and by the Diseases of Animal (Executive) Committee, of which the members are the same as the Watch Committee. It was, therefore, resolved that the Inspectors of Nuisances should be appointed Inspectors under the Tuberculosis Order jointly with those members of the Police who have hitherto been the Inspectors under the Diseases of Animals Acts. This arrangement was, however, practically vetoed by the Board of Agriculture, and the matter of carrying out the new Order was vested in the Police. In my opinion, this is a mistake.

MEAT INSPECTION IN 1913.

Visits to Slaughter-houses ...	...	523
Carcasses examined—		
Bovine ... ..	...	584
Calves ... ..	...	524
Pigs ... ..	...	100
Sheep ... ..	...	3,546
Seized or Surrendered—		
4 carcasses and 8 portions.		
1 portion.		
1 carcase and 1 head.		
Various organs and joints.		

Fish, as mentioned below, found to be unsound and unfit for food, were surrendered to the Inspectors and destroyed, viz., of :—

Whiting	...	...	...	5 stones.
„	...	...	...	7 boxes.
Fillets ...	...	...	...	6 boxes.
Mackerel	...	...	...	11 kits.
Shrimps	...	.	...	2 baskets.
„	...	...	...	2 boxes.
Whelks	...	...	...	2 bags.

SALE OF FOOD AND DRUGS ACT.

The Inspectors of the four Sub-Districts, with the assistance of agents, procured during the year 208 samples of various articles of food, which in due course were submitted to the Borough Analyst to report on.

The following tabular statement shows the results of his analyses :—

The samples were of :—

Milk	...	107, of which 9 were below standard.
Butter	...	34, All genuine.
Sugar	...	9, of which 2 were adulterated.
Lard	...	4, Genuine
Spirits	...	10, 2 adulterated.
Margarine	...	18, Genuine.
Pepper	...	4, „
Vinegar	...	2, „
Cheese	...	6, „
Rice	...	2, „
Coffee	...	2, „
Jam	...	2, „
Tea	...	1, „

The above were taken under the Sale of Food and Drugs Acts.

Of the samples of milk, 9 in number, which showed a percentage of fat of less than 3 (which has come to be regarded as a standard, although strictly speaking it is no such thing), 8 were formally and one was informally taken. The vendors of the eight formal samples were dealt with as follows :—Two were cautioned by the Public Health Committee, five were prosecuted. One of the cases

was dismissed by the Magistrates ; in the other cases the vendors were fined, 3 of them £1 and costs ; the fourth 10s. and costs.

The vendor of the remaining unsatisfactory sample was summoned to appear before the Bench, but died before the day fixed for the proceedings.

MILK SUPPLY.

The dairies, cowsheds and milk shops of the Borough are frequently visited by the Inspectors, and every effort is made to ensure the cleanliness of these premises and of the vessels used in the storage and sale of milk. The condition of the cowsheds, some of which are in remote parts of the District, is fair, and their water supply satisfactory in general. The major part of the milk supply is derived from the surrounding Rural Districts not under the control of your officials. Samples of milk are taken at the Railway Stations and in course of delivery to local purveyors, some of which have been examined bacteriologically. Sixteen samples were examined for tubercle, but in no case was the bacillus discovered to be present. The "Milk Clauses" contained in the local Act of 1900 were not, therefore, put in operation during the year

In the current year more searching methods of examination are being adopted.

The detailed results of the analysis of milk samples by the Borough Analyst are given elsewhere in this Report.

MILK AND CREAM REGULATIONS, 1912.

Under a resolution of the Public Health Committee passed several years ago the addition of preservatives to milk was prohibited within the Borough. The Order of the Local Government Board named above, which came into force in October, 1912, extends this prohibition so that it now has effect throughout the country, and it further prescribes the conditions under which cream to which preservatives have been added is permitted to be sold.

The practice of adding preservatives to milk appears to have been discontinued locally, for none of the milk-samples submitted to the analyst (107 in number) received adverse comment in this respect ; and of seven

samples of cream taken under the regulations not one was reported as contravening the special sections relating thereto.

ICE CREAMS, ETC.

Special observation is kept over the premises occupied by the vendors of ice creams who are mostly of Italian nationality. The condition of their dwellings compares very favourably with that of many of their English neighbours. The kitchens of the cheaper class of restaurants and refreshment rooms are also inspected.

OFFENSIVE TRADES.

The gut-scraping business now carried on in Elphinstone Road is well conducted, and the premises are so situated that, even if it were not so, the nearest outside dwelling house is so distant that no complaint is likely to be made. The conditions under which the business goes on are, however, quite satisfactory.

Many complaints were made during the summer months of the offensive effluvia emanating from the fat-melting house in Winding Street, and the owner was thereupon required to abate the nuisance. He has incurred considerable expense in improving his premises and in installing plant for consuming the evil smelling vapours created in the process of his work, but whether the steps taken will prove efficacious remains to be seen. At all events, no complaint was received during the winter nor in the spring of the current year.

The premises have been used for fat-melting during more than 150 years, and of late the bulk of the trade carried on has increased, while its character has somewhat changed with the passing of the tallow candle.

REPORT OF THE INSPECTOR OF COMMON LODGING HOUSES FOR THE YEAR 1913.

I beg to report that the Registered Houses are kept generally in a very good condition. The keepers use due care in their management. The whole of the premises are

thoroughly cleansed and limewashed every six months, and the bedding kept in a cleanly condition, being renewed when necessary.

No infectious disease was notified during the year as occurring in any of the Houses, except tuberculosis, and disinfection is carried out when needed.

R. WILSON KING,
Inspector.

MIDWIVES ACT OF 1902.

The number of Midwives on the roll as practising in Hastings at the beginning of 1913 was 16. During the year two of these took their names off the list, and one was struck off by the Central Midwives Board for failing to conform to the Regulations.

The books, bags and equipment of the Midwives are inspected by Miss Stone, Superintendent of the District Nursing Association, who reports quarterly to the Local Midwives Committee, and at other times ~~of~~ necessary.

SHOPS ACT.

During the year the Sanitary Inspectors were appointed inspectors under the Shops Act, and a good deal of time was devoted by them to work under this Act.

No exact record of all the work could be kept, but the number of visits to shops, and of interviews with puzzled tradesmen, ran certainly into thousands.

Legal proceedings were taken in two cases, and in each the offender was convicted and fined; in one case for not closing on the required half-holiday, in the other for not granting proper time off for meals.

FACTORIES, WORKSHOPS AND WORKPLACES.

There were nearly a thousand inspections of workshops during the year, and nuisances or defects to the number of 189 were dealt with and remedied by the Inspectors in their several Districts.

The bakehouses are all visited and kept in proper order and condition. No fresh certificates were granted in respect of underground bakehouses, one of which became disused, thus reducing the number in actual use to 41.

INSPECTORS' SUMMARY FOR THE YEAR 1913.

	Eastern District.	Central District	Western District.	Northern District	Total.
Drain tests applied	185	326	215	301	1027
Houses and premises provided with new water-tight drains, properly intercepted and ventilated ...	38	48	35	38	159
Cesspools emptied and cleansed ...	1	—	—	14	15
Cesspools abolished	—	—	—	6	6
Drains cleared and amended ...	38	51	41	23	153
New iron and lead, soil, and ventilating pipes fixed	30	51	42	48	171
New closets fixed	34	55	67	46	202
Closets amended	39	36	27	46	148
New flushing boxes provided, necessary storage cisterns being fixed where necessary	31	49	39	48	167
Flushing boxes repaired	28	10	29	54	121
Houses and premises provided with a proper supply of water ...	4	3	3	16	26
Glazed stoneware sinks fixed, fitted with proper waste pipes, and trapped where necessary ...	17	28	22	52	119
Yards repaved	45	58	36	63	202
Sanitary ashbins provided	34	39	26	34	133
Accumulations of manure and other refuse removed	39	74	21	21	155
Rooms, etc., cleansed and white-washed	298	102	133	313	846
Nuisances abated from animals improperly kept	15	13	4	12	44
Nuisance abated from chimneys sending forth black smoke ...	1	2	—	1	4
Cases of infectious diseases removed to Sanatorium	45	40	29	27	141
Nuisances abated from overcrowding	8	3	8	4	23
Manure pits constructed	—	1	3	3	7
Miscellaneous repairs	75	83	42	107	307
New cowsheds built	—	—	—	1	1
Cowsheds visited	17	19	22	49	107
Slaughter-houses visited	39	210	39	235	523
New W.C's. erected	4	1	3	3	11
Cellar dwellings closed	—	—	2	—	2
New urinals constructed	—	1	1	2	4

1.—INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES.
INCLUDING INSPECTIONS MADE BY SANITARY INSPECTORS OR INSPECTORS
OF NUISANCES.

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions.
Factories (Including Factory Laundries.)	41	Nil	.
Workshops (Including Workshop Laundries.)	288	20	Nil.
Workplaces (Other than Outworkers' Premises included in Part 3 of this Report) ...	637	1	
Total	966	21	Nil.

2.—DEFECTS FOUND IN FACTORIES, WORKSHOPS AND WORKPLACES.

Particulars.	Number of Defects.			Number of Prosecutions.
	Found.	Remedied	Referred to H.M. Inspector.	
<i>Nuisances under the Public Health Acts :—*</i>				
Want of cleanliness	129	129		
Want of Ventilation... ..	2	2		
Overcrowding	Nil	Nil		
Want of drainage of floors	2	2		
Other Nuisances	44	44		
Sanitary accommo- dation {insufficient ..	Nil	Nil		
{unsuitable or defective ..	10	10		
{not separate for sexes ..	2	2		
<i>Offences under the Factory and Workshop Act :—</i>				
Illegal occupation of underground bakehouse (S. 101)	—	—		
Breach of special sanitary requirements for bakehouses (SS. 97 to 100) ...	—	—		
Other offences— (Excluding offences relating to outwork which are included in Part 3 of this Report.)	—	—		
TOTAL	189	189		

* Including those specified in Sections 2, 3, 7, and 8, of the Factory and Workshops Act as remediable under the Public Health Acts.

Class.	Number.
4.—REGISTERED WORKSHOPS.--	
Workshops on the register (S. 131) at the end of year	
<div> <div>Important classes of work-shops, such as workshop bakehouses, may be enumerated here.</div> <div></div> </div>	
Total number of workshops on Register	35
5.—OTHER MATTERS.	
Matters notified to H.M. Inspector of Factories :—	
Failure to affix Abstract of the Factory and Workshop Act (S. 133, 1901)	1
<div> <div>Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Acts (S. 5, 1901)</div> <div>Notified by H.M. Inspector ...</div> </div>	7
Other	7
Underground Bakehouses (S. 101) :—	
Certificates granted during the year	Nil.
In use at the end of the year	41

TABLE I.

VITAL STATISTICS OF WHOLE DISTRICT DURING 1913 AND PREVIOUS YEARS.

Year	Population estimated to Middle of each Year.	Births.			Total deaths Registered in the District.		Transferable Deaths		Nett Deaths belonging to the District.			
		Un-corrected Number.	Nett.		Number *	Rate.	of Non-residents registered in the District.	of Residents not registered in the District.	Under 1 year of age.		At all Ages.	
			Number	Rate					Number	Rate per 1,000 Births	Number	Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13
1908	62322	1058	1058	16.9	819	13.1	35	—	86	81	784	12.6
1909	61893	1039	1039	16.7	874	14.1	29	—	79	76	845	13.6
1910	61463	925	925	15.0	878	14.2	30	—	82	89	848	13.8
1911	61040	955	956	15.7	911	14.9	88	29	104	109	852	13.9
1912	60565	911	916	15.1	867	14.3	108	29	63	68	788	13.0
1913	60095	865	870	14.5	826	13.7	74	37	72	83	789	13.1

NOTES.—This Table is arranged to show the gross births and deaths in the district, and the births and deaths properly belonging to it with the corresponding rates. For years before 1911 some of the corrected rates are not available. The rates are calculated per 1000 of the estimated gross population.

* In Column 6 are included the whole of the deaths registered during the year as having actually occurred within the district.

In Column 12 is entered the number in Column 6, corrected by subtraction of the number in Column 8 and by addition of the number in Column 9. Deaths in Column 10 are similarly corrected by subtraction of the deaths under 1, included in the number given in Column 8, and by addition of the deaths under 1 included in the number given in Column 9.

TABLE II.
CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1913.

NOTIFIABLE DISEASE.	NUMBER OF CASES NOTIFIED.							TOTAL CASES NOTIFIED IN EACH LOCALITY. (<i>q/q</i> , Parish or Ward) of the District.				
	At all Ages.	At Ages—Years.						1 St. Mary Magdalen District.	2 All Saints District.	3 Ore (Urban) District.	4 Hollington St. John District.	Total cases removed to Hospital
		Under 1.	1 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 45 years.	45 and under 65 years.					
Small-pox ...	—	—	—	—	—	—	—	—	—	—	—	—
Cholera, Plague ...	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria (including Membranous Group)...	74	—	10	52	8	3	1	30	37	6	1	71
Erysipelas ...	30	—	1	2	5	6	13	18	10	2	—	—
Scarlet Fever ...	76	1	17	47	6	5	—	15	49	2	10	67
Typhus Fever ...	—	—	—	—	—	—	—	—	—	—	—	—
Enteric Fever ...	5	—	—	3	2	—	—	—	4	1	—	3
Relapsing Fever ...	—	—	—	—	—	—	—	—	—	—	—	—
Continued Fever ...	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Fever ...	5	—	—	—	2	3	—	2	2	1	—	—
Cerebro-spinal Meningitis ...	—	—	—	—	—	—	—	—	—	—	—	—
Polio-myelitis ...	—	—	—	—	—	—	—	—	—	—	—	—
Pulmonary Tuberculosis	135	—	2	11	22	68	28	45	76	12	2	—
Other forms of Tuberculosis ...	34	1	7	14	7	4	—	17	16	1	—	—
Totals ...	359	2	37	129	52	89	42	127	194	25	13	141

TABLE III.

CAUSES OF, AND AGES AT, DEATH DURING YEAR 1913.

CAUSES OF DEATH.		Nett Deaths at the subjoined ages of "Residents" whether occurring within or without the District.									Total Deaths whether of "Residents" or "Non-Residents" in Institutions in the District.
		All ages.	Under 1 year.	1 and under 2 years.	2 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 45 years.	45 and under 65 years.	65 and up-wards.	
All Causes	{ Certified Uncertified	785 4	71 1	10 —	12 —	12 —	19 —	94 —	190 1	377 2	162 1
Enteric Fever.....		—	—	—	—	—	—	—	—	—	—
Small-pox		—	—	—	—	—	—	—	—	—	—
Measles		4	1	1	2	—	—	—	—	—	—
Scarlet Fever		—	—	—	—	—	—	—	—	—	2
Whooping Cough		7	4	1	1	1	—	—	—	—	—
Diphtheria and Croup ...		2	—	—	1	1	—	—	—	—	2
Influenza.....		11	—	—	—	—	—	2	4	5	—
Erysipelas		1	—	—	—	—	—	—	—	1	—
Phthisis (Pulmonary Tuberculosis).....		55	—	—	—	2	2	30	18	3	19
Tuberculous Meningitis		7	2	3	1	—	1	—	—	—	3
Other Tuberculous Diseases		8	—	1	1	—	2	2	2	—	3
Cancer, malignant disease		118	—	—	1	—	1	11	43	62	27
Rheumatic Fever		—	—	—	—	—	—	—	—	—	—
Meningitis		3	1	—	—	1	—	—	1	—	2
Organic Heart Disease ...		109	—	—	—	2	—	7	22	78	9
Bronchitis		50	5	—	—	—	—	1	10	34	1
Pneumonia (all forms)...		62	6	3	2	—	—	6	13	32	18
Other diseases of Respiratory organs...		7	—	—	—	—	—	1	4	2	3
Diarrhea and Enteritis...		12	12	—	—	—	—	—	—	—	3
Appendicitis and Typhlitis		9	—	—	—	3	3	2	1	—	9
Cirrhosis of Liver.....		7	—	—	—	—	—	—	4	3	—
Alcoholism		6	—	—	—	—	—	3	1	2	—
Nephritis and Bright's Disease		31	—	—	—	—	—	4	16	11	15
Puerperal Fever.....		1	—	—	—	—	1	—	—	—	—
Other accidents and diseases of Pregnancy and Parturition		4	—	—	—	—	1	2	1	—	3
Congenital Debility and Malformation, including Premature Birth		35	35	—	—	—	—	—	—	—	4
Violent Deaths, excluding Suicide		14	1	—	1	—	2	3	2	5	4
Suicide		5	—	—	—	—	—	3	2	—	2
Other Defined Diseases...		171	4	1	2	2	6	17	45	94	34
Diseases ill-defined or unknown.....		50	1	—	—	—	—	—	2	47	—
		789	72	10	12	12	19	94	191	379	163

TABLE IV.
HASTINGS COUNTY BOROUGH.

INFANT MORTALITY.

1913. Nett Deaths from stated Causes at various Ages under One Year of Age

CAUSES OF DEATH		Under 1 Week	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 month.	1-3 Months.	3-6 Months.	6-9 Months.	9-12 Months.	Total Deaths under 1 Year.
All Causes	{ Certified	21	—	3	2	26	13	16	9	7	71
	{ Uncertified	1	—	—	—	1	—	—	—	—	1
Small-pox		—	—	—	—	—	—	—	—	—	—
Chicken-pox		—	—	—	—	—	—	—	—	—	—
Measles		—	—	—	—	—	—	—	—	1	1
Scarlet Fever		—	—	—	—	—	—	—	—	—	—
Whooping-cough		—	—	—	—	—	1	3	—	—	4
Diphtheria and Croup		—	—	—	—	—	—	—	—	—	—
Erysipelas		—	—	—	—	—	—	—	—	—	—
Tuberculous Meningitis		—	—	—	—	—	—	—	1	1	2
Abdominal Tuberculosis		—	—	—	—	—	—	—	—	—	—
Other Tuberculous Diseases		—	—	—	—	—	—	—	—	—	—
Meningitis (<i>not Tuberculous</i>)		—	—	—	—	—	—	1	—	—	1
Convulsions		1	—	—	—	1	—	—	—	—	1
Laryngitis		—	—	—	—	—	—	—	—	—	—
Bronchitis		—	—	1	—	1	1	2	1	—	5
Pneumonia (all forms)		—	—	—	—	—	—	3	1	2	6
Diarrhoea		—	—	—	—	—	4	2	3	1	10
Enteritis		—	—	—	—	—	1	1	—	—	2
Gastritis		—	—	—	—	—	—	—	—	—	—
Syphilis		—	—	—	—	—	—	—	—	—	—
Rickets		—	—	—	—	—	—	—	—	—	—
Suffocation, overlying		—	—	—	—	—	—	—	1	—	1
Injury at Birth		—	—	—	—	—	—	—	—	—	—
Atelectasis		1	—	—	—	1	—	—	—	—	1
Congenital Malformations		—	—	—	—	—	—	—	—	—	—
Premature Birth		18	—	1	1	26	2	1	—	—	23
Atrophy, Debility, and Marasmus		1	—	1	—	2	4	3	2	—	11
Other Causes		1	—	1	—	2	—	—	—	2	4
		22	—	3	2	27	13	16	9	7	72

Nett Births in the year { legitimate 811.
illegitimate 59.

Nett Deaths in the { legitimate infants 66
year of { illegitimate infants 6

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1912

Summary of Notifications during the period from the first February, 1913, to the end of the week ending on the 3rd January, 1914.

Age periods.	Number of Notifications on Form A.												Number of Notifications on Form B.				Number of Notifications on Form C.			
	Primary Notifications.												Total Notifications (i.e., including cases previously notified by other doctors).							
	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards	Total	Under 5	5 to 15	10 to 15	Total	Primary Notifications.	Total Notifications (i.e., including cases previously notified by other doctors)	Poor Law Institutions.	Sanatoria
Pulmonary Males ...	—	2	1	1	1	7	14	7	11	8	1	63	69	—	—	—	—	—	3	9
" Females ...	—	—	4	3	8	6	23	14	6	3	3	70	75	2	—	2	2	2	2	11
Non-Pulmonary Males	—	3	5	—	—	2	—	—	—	—	—	10	11	—	1	—	1	1	—	—
" Females	1	3	5	2	1	4	3	1	—	—	1	21	22	1	1	—	2	2	—	—